Academic Assassination of Humanity. [great title]

I first warned the world about the molecular biological dangers of the mRNA injections on November 3rd, 2021. Of the 3 mechanisms I described where COVID mRNA injections might lead to cancer, especially in children, one in particular drew attention warranting the assignment of Dr. Robert Malone to suppress it. This was my mention of reverse transcriptase as a mechanism of DNA damage from the COVID-19 injection.

In my 18 minute speech, I described immune tolerance (lack of specificity), diversion of normal protein synthesis and reverse transcription as mechanisms of harm that might lead to cancer in children who have taken the injection. These mechanisms can result in cancer years to decades after exposure. When a cell is hijacked by an mRNA injection to produce non-human proteins such as the spike protein, it can lead the immune system to think that spike proteins are a normal occurrence in the body. This is especially troublesome as spike proteins themselves are thought to impair DNA repair, have been proven to cause cardiovascular disease and disruption of normal heart pericyte maintenance of cardiac myocytes. Particularly in children when the immune system is still learning what is normal and what the body needs to fight off with antibodies, tricking the body into manufacturing a non-human protein may cause the child's body to think that it is normal for the non-human protein to be present.

The second potential mechanism of cancer is the diversion of normal protein production in the cell, away from growth, protection and maintenance, towards producing spike proteins. This is particularly damaging for children, who's cells are growing to start with.

From the leaked Japanese biodistribution study, the organs with the highest concentrations of the Pfizer lipid nano particle delivering the COVID-19 spike mRNA are Adrenal Glands, Liver, Ovaries, and Spleen. (People question how much accumulation of lipid nano particles occurred in the testes, and the answer is about 1/3 of the accumulation that was found in the lungs or about 1/38th the concentration found in the Ovaries. So at least in the on the biodistribution study from Japan, testicles do not appear to have been targeted.)[1]

One of the classes of proteins cells produce to protect themselves and their DNA are heat shock proteins. Heat Shock Proteins do more than just protect cells from thermal stress. HSP's also protect cells from chemical and radiation damage to DNA. Particularly in the liver, where the cells produce proteins for detoxification, anything that diverts the hepatocytes (liver cells) away from producing proteins for detoxification can cause long lasting damage. Seeing that the COVID-19 mRNA injections cause affected

[1] https://archive.org/details/pfizer-report-japanese-government-1

cells to produce large amounts of spike protein, and that the mRNA appears to be directed to the liver by the Pfizer lipid nano-particle, getting a Pfizer COVID-19 injection would be particularly harmful to the liver if the body had a concurrent exposure to a toxin, e.g. alcohol or pesticides.

The third mechanism of DNA damage to bodies after mRNA injection is through reverse transcriptase. Reverse transcriptases, of which retrotransposons are one type, can take any type of RNA such as mRNA, and convert it into DNA. Once a gene is encoded into DNA, it is capable of integrating itself into the DNA of a cell, thereby permanently changing that cell and all the progeny of that cell. In fact, the Pfizer and Moderna mRNA sequences appear to be specifically designed to interact and activate the human reverse transcriptase retrotransposon LINE-1. In "Genetic-Engineering-With-Dr-Nagase"[1], I detail how the tails of both the Pfizer and Moderna injections contain poly adenine tails similar to the poly adenine tail of the LINE-1 Human retrotransposon reverse transcriptase.[2] This makes both the Pfizer and Moderna mRNA's susceptible to be carried into the nucleus by the L1ORF2p proteins made by Line-1. L1ORF2p proteins from Line-1 preferentially bind to poly-A stretches of mRNA, just like the poly-A's found at the end of the Line-1, Pfizer AND Moderna Covid-19 mRNAs.

L1ORF2p proteins take that mRNA AND CARRY IT INTO THE NUCLEUS where it can be reverse transcribed and inserted into the DNA. Given that 17-20% of the human genome consists of Line-1 type retrotransposons, the reverse transcribed Pfizer or Moderna mRNA, now turned into DNA, can pair with existing Line-1 genes and swap itself into the Line-1 gene's place. That makes up to a 5th of the human genome vulnerable to alteration and insertion of Moderna or Pfizer genes.

What is worse than up to 20% of a cell's genome becoming "infected" with multiple copies of Pfizer or Moderna spike protein genes, is that unless that cell dies, every cell that is made from that spike gene infected cell also carries multiple copies of a non-human spike protein gene. When it comes to stem cells, this is a major problem. Stem cells preferentially live in the Bone Marrow and Spleen. While the Pfizer lipid nanoparticle targeted the liver and spleen the most, the concentration of lipid nanoparticle in the bone marrow was still 4 times higher than in the lung (3.77 micrograms/g in marrow vs. 1.09 micrograms/g in lung). Does this look like the lipid nano particle was made to target places where stem cells congregate? Thereby, increasing the likelihood that anyone who took an mRNA injection will have permanent changes to their DNA for life?

But that is not the ultimate danger. Ovaries appear to be highly targeted by the lipid nanoparticle as well. (12.3 micrograms/g or almost 12 times the concentration of mRNA carrying lipid nanoparticle when compared with the lung) Stem cells and more importantly egg cells live in the ovaries. If a

genetic alteration occurs in an egg cell, and that egg cell gets fertilized and turns into another human being, the genetic alteration has been passed on to the next generation.

What this means is that assuming 5 out of 7 billion people on this earth took the Pfizer or Moderna injection, half of whom are women, 2.5 billion, and half of whom are of reproductive age (1.25 billion), we have at least 1.25 billion people who are capable of having genetically altered children (We're not even counting men who are giving genetically altered sperm). Incidentally, in the Japanese biodistribution study of lipid nano particle, the Testes only had 0.320 micrograms/g of lipid nanoparticle -- or about 1/3 of the concentration of nanoparticle found in the lung) Pfizer and Moderna, with their mRNA injection have not only caused a gene altering event for today, they've caused a DNA alteration potentially lasting forever that could be passed on to over 1.25 billion children -- assuming 1 child per woman, and 2.5 billion or more with 2 or more children per woman.

Maybe this was the reason Dr. Robert Malone was assigned the task to suppress my message about reverse transcriptase.

Watch the video of Malone here.
https://rumble.com/v27a6ha-flashback-to-november-9th-2021.html
https://archive.org/details/128772842

57.53 Dr. Malone: comes back cautioning against speculating about reverse transcriptase.
58:30 Dr. Malone: "We're under intense pressure... we have to be super careful about our messenging and what we're stating...not useful to speculate about things like integration (of DNA from reverse transcribed RNA)

What are we to make of Dr. Robert Malone?
He was widely advertised in the freedom movement as an expert on mRNA technology, and the narrative pushed that he was one of the "inventors". He introduces himself in the video and says that he "works closely with government". The key here is that he uses the present tense and not the past tense "worked".

For a regular old ER doctor who spent the past 20+ years learning medicine, having last studied cell biology in the 90's, I thought who was I to quesiton a man who spent the past 2 decades still in the field of cell biology? What he said about DNA integration not being a significant problem with mRNA must be true -- or so I thought.

It never occurred to me that he would lie. Not only to me, but about the mRNA research of another scientist -- Rudolf Jaenisch.

Here’s an exact transcript of what Malone says to me in the video:
59:26 Malone: "I really think one does need to be a little cautious about interpreting some of these papers like the PNAS paper regarding reverse transcriptase by Rudy Jaenisch, WHO HAS A MULTI DECADE HISTORY OF OVER INTERPRETING RETRO VIROLOGY AND PUBLISHING IRREPRODUCIBLE FINDINGS. So that's my parting gentle comment is that we do have to be really careful not to provide opportunities for our haters to attack us"

Was this the threat to researcher Rudolf Jaenisch that made him sabotage his own experiment that he published on February 13, 2023?

The experiment I describe in detail within the article I wrote: “Genetic-Engineering-With-Dr-Nagase” [3]
For some reason Rudolf Jaenisch used "donated" nucleocapsid mRNA and not Pfizer or Moderna spike mRNA in his experiment looking for cellular DNA alterations from mRNA injections. Why would he use nucleocapsid mRNA and not spike? Why use mRNA where the poly a tail was over 25% shorter than the normal poly a tail of Line-1? Of course a poly a tail that's too short at 25 base pairs won't bind to L1ORF2p and get reverse transcribed in the nucleus. Rudolf Jaenisch's conclusion was that mRNA doesn't change DNA, even though he's used the wrong mRNA. He could have just as easily used Moderna, Pfizer, or natural SARS CoV-2 spike mRNA and had a very different result. Why did he deliberately use nucleocapsid mRNA?

When testing for DNA changes from the whole virus, detectable changes were found when the poly a tail was 33 base pairs long (as it is in the original Wuhan SARS COV-2 virus). Interestingly, he concludes mRNA doesn’t change DNA, while the whole SARS COV-2 virus does. But he is not comparing mRNA that has equal or longer poly a tail sequences than SARS COV-2. So why did Rudolf Jaenisch publish a study in February 2023 that deliberately avoided looking for DNA changes from Moderna and Pfizer Spike mRNA? The Moerna and Pfizer sequences are available for anyone to view and synthesize. He coud have easily tested those instead of a Nucleocapsid mRNA that no one uses in their Covid injections.

Moderna COVID-19 mRNA sequence
https://gsrs.ncats.nih.gov/ginas/app/beta/substances/EPK39PL4R4

Pfizer COVID-19 mRNA sequence
https://drugs.ncats.io/drug/5085ZFP6SJ#names

Original SARS COV-2 RNA
https://www.ncbi.nlm.nih.gov/nuccore/1798174254/

Very suspicious. It is almost like Dr. Jaenisch received much more than just an academic threat from Dr. Robert Malone. In Malone's warning to me he also makes an attack on Rudolf Jaenisch, who no one on the video group call would know about, except perhaps me. Did he send Rudolf Jaenisch that video along with a reference to JFK attached?

I don't know, but I'd like to know.

Back to the topic of a genetic disaster for humanity. 1.25 to 2.5 billion children may be born to mothers whose eggs have been genetically altered by a COVID mRNA injection that was seemingly designed to activate Line-1 Reverse transcriptase. This study demonstrated exactly such aberrant behaviour: "Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line"[2] What this study showed was that the Pfizer COVID-19 injection increased Line-1 Gene activity and that its mRNA is reverse transcribed into DNA in as little as 6 hours. Could it be an accident that BNT162b2 mRNA both activates reverse transcriptase and gets turned into DNA?

I think not. However, in real life, the danger is far greater than cell cultures or individual women and men having their DNA altered. In genetics, sometimes phenotypes skip generations. In the case of mothers with DNA altered eggs this means that the DNA alteration may not show up in the child of the DNA altered egg. It will show up in the grandchild. The DNA alteration will be silent in the first generation. Many people are familiar with children who don't quite look like their parents, but have many features reminiscent of their grandparents. This is because genes can be turned on and off through 2 known mechanisms. One is methylation, where a methyl (CH3) group directly sits on DNA preventing that segment from being transcribed into protein, and the other is recombination. Recombination through crossing over during meiosis, turns genes on and off in a manner that makes it appear like traits are skipping generations. Meiosis is the reshuffling process involved in multiplying and creating new egg and sperm cells where the genes of the parental mother and father are "remixed". This leads to some genes being moved into untranslated regions -- that is areas on the DNA that are not turned into protein and other previously unused genes moved into actively used areas. The untranslated regions create what is known as silent carriers. The gene is there with the potential to make a protein, but it is not currently being used. The previously silent genes, when they are moved to active areas, bring back features that were present in the grandparents (but "skipped" in the parents). This means that when a parent's genes are moved from an untranslated region to an expressed region through meiosis, the children

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[2] https://pubmed.ncbi.nlm.nih.gov/35723296/

arising from that egg or sperm will have features of their grandparents (parents of their direct parent) that were absent in their mother or father.

Why is this a problem if the spike protein mRNA is integrated into DNA?

Because a child of a parent who took the mRNA injection might seem perfectly fine, possibly even for their entire life. However, this is not because they don't have the spike protein gene in their DNA. They might seem fine because that gene is never translated into protein. In fact this type of situation might be more probable than not, since the spike protein itself is suspected of causing DNA damage. Cell studies that were retracted despite good methodology showed interference with DNA repair enzymes that are also involved in DNA copying.[3] When an embryo is furiously dividing to go from a blastocyst (ball of cells) to a baby, there is an incredible amount of cell division and DNA copying in progress. Throw a non-human protein with suspiciously critical toxicities into that process and more than likely the embryo will die due to massive accumulations of DNA mistakes from spike proteins transcribed and translated during embryogenesis.

That means that surviving babies of mRNA injected mothers who have DNA alterations in their eggs, are most likely to be silent carriers. Embryos won't survive unless the spike protein happens to end up in an untranslated (silent) region of the genome. At that point it is anyone's guess when or if that non-human spike protein gene gets turned on again at a later date when the child grows up. Will it be during adolescence, when new genes get activated during puberty and growth? Or later in the life of the child of a DNA altered mother, perhaps during adulthood when she or he has a child of their own? The first generation of children might fortunate enough to live, only to have spike protein damaged children in the grandchild generation suffer a myriad of illnesses.

If Robert Malone, or whoever hired him, didn't have enough reason to suppress the information I was sharing about reverse transcriptase, this might be it – the multi generational poisoning of the human race.

Off topic topics for the joy of knowledge:

Natural immunity process:
When the body first gets exposed to a pathogen, particularly a self replicating one such as a bacteria or virus, antigen presenting cells such as macrophagess present captured and sometimes partly digested or oxidized

[3] https://danielnagase.substack.com/p/1-real-expert-analysis on

https://pubmed.ncbi.nlm.nih.gov/34696485/

samples of that pathogen to T cells and B cells. The first antibody produced is called IGM. This antibody remains mostly in the blood but is also secreted out into breastmilk. In the days following production of the IGM antibody, IGG antibodies start to be produced, and start to peak as IGM antibody concentrations decline. If the pathogen entered the body through the mucosa, and is presented to the immune system by a dendritic cell, or macrophage located in the lungs, digestive system or any mucosal surface exposed to the outside world, the immune system takes another step and produces IGA antibodies together with IGG antibodies. These IGA antibodies are secreted in the mucus and attach to pathogens before they have a chance to enter the body -- neutralizing them most of the time.

Part of the immune process when it comes to respiratory infections is mucus and phlegm production in the lungs. During a respiratory illness. Mucus can trap pathogens both non-specifically through their inherent mechanical "stickiness" and specifically through IGA antibodies. Most of the time while people are alseep during a respiratory infection, they swallow their own mucus that has trapped the infectious agent plaguing them. So long as their digestive system is healthy, particularly a stomach with a healthy amount of acid and digestive enzymes, this mucis with the infectious agent gets digested, breaking up the infectious bacteria or virus along with the mucus. In the Gut Associated Lymphoid Tissue, the immune system "surveils" all the incoming proteins as they are digested. If some proteins consist of partially digested viruses or bacteria, the immune system will recongnize these fragments presented from the GALT (Gut Associated Lymphoid Tissue) and develop antibodies to these fragments as well. Therefore during the process of a respiratory infection, digestion of phlegm can lead to production of antibodies not just to the whole virus or bacteria, but to broken down fragments of viruses and bacteria as well. This leads to an immune response that is very resilient against variants of that species of virus or bacteria, where immunity to one variant leads to immunity to most if not all variants. This is because variants may change parts of their protein structure, no virus or bacteria will change all their proteins (else they'd be considered a separate species). If a person's infection results in antibodies to broken up and partially digested fragments of a pathogen, then the immunity is essentially complete to the entire virus or bacteria and all its components. So a different spike protein or external shell will be unlikely to defeat all the different antibodies produced in a complete immune response.

The other benefit of a complete immune response where immunity is stimulated through a mucosal route of entry through the lungs, digestive system or other mucosa such as the eyes, nose and throat, is that if there is an airborne pathogen, the IGA antibodies that result when a healthy individual gets and infection and recovers, will bind that airborne pathogen with every breath that individual takes. Healthy individuals with healthy

exposures through the natural route of entry of airborne pathogens actually clean the air around them with their IGA antibodies. A stronger argument could hardly be made for avoiding unnatural routes of entry such as injecting into the body vaccines for pathogens that usually enter through the respiratory or digestive system.

Respiratory viruses, DNA alterations and cancer:
If many respiratory viruses are DNA or RNA, do these respiratory viruses also have cancer causing potential from altering DNA? Yes they do. But in a healthy individual, respiratory virus infections, even if they do alter DNA, do so in cells that are shed every 3-6 months. That is the cells lining the inside of the nose, throat, and lungs are shed every 90 or more days. So if a DNA change does occur from a respiratory infection, those cells are gone before they have a chance to turn cancerous. In unhealthy individuals viruses can sometimes break through the mucosal barrier and get into the blood. In the blood, viruses, bacteria and mRNA injection have the chance to alter the DNA in the "forever" cells of the body. These are stem cells, immune system cells and marrow cells that have to last a lifetime. If DNA alterations happen in these cells that live as long as an individual does, then the possibility that a DNA change turns cancerous is much higher than if that same change happens in a cell that's discaded after a few months.

References:

Intracellular Reverse Transcription of Pfizer BioNTech COVID-19 mRNA Vaccine BNT162b2 In Vitro in Human Liver Cell Line
https://pubmed.ncbi.nlm.nih.gov/35723296/

https://danielnagase.substack.com/p/genetic-engineering-with-dr-nagase

https://pandemictimeline.com/wp-content/uploads/2021/07/Pfizer-report_Japanese-government.pdf

The SARS-CoV-2 Spike protein disrupts human cardiac pericytes function
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8674568/

SARS-CoV-2 spike protein causes cardiovascular disease independent of viral infection
https://pubmed.ncbi.nlm.nih.gov/35348182/

Retracted DNA repair inhibition
https://pubmed.ncbi.nlm.nih.gov/34696485/

In my video 18min
https://www.bitchute.com/video/UmVDwuSVXGCw/

https://www.bitchute.com/video/UmVDwuSVXGCw/

Line-1 1.2% Genome is coding
https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4749692/

Endogenous reverse transcriptase: a mediator of cell proliferation and differentiation
https://pubmed.ncbi.nlm.nih.gov/15237222/

Polymerase theta
https://www.sciencedaily.com/releases/2021/06/210611174037.htm

https://www.frontiersin.org/articles/10.3389/fcell.2020.00657/full
Aberrant expression of LINE-1 retrotransposon can provide strong stimuli for an innate immune response

[1]February 19, 2023. https://danielnagase.substack.com/p/genetic-engineering-with-dr-nagase
[2]February 19, 2023. https://danielnagase.substack.com/p/genetic-engineering-with-dr-nagase
[3]February 19, 2023. https://danielnagase.substack.com/p/genetic-engineering-with-dr-nagase